



Massachusetts Board of Real Estate Appraisers Proposal Request Form

COMPANY INFORMATION

Date _____ NBT Rep Richard P. Hawkins, CLU Association/Chamber MBREA

Contact _____ Company _____

Address _____ City _____ State _____ Zip _____

F/T EE's _____ Current Plan _____ Cost: Fam _____ Ind _____

Phone _____ Fax _____ E-Mail _____

Interest in following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Health Spreadsheet | <input type="checkbox"/> Fallon | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Tufts Health Plan | <input type="checkbox"/> HSA – Harvard Pilgrim | <input type="checkbox"/> Aetna US Healthcare |
| <input type="checkbox"/> Harvard Pilgrim | <input type="checkbox"/> Disability Income | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Neighborhood Health | <input type="checkbox"/> Insurance Partnership | |

Emp	Age/DOB	Zip Code of Home Town*	Dep Status I/D/F	Emp	Age/DOB	Zip Code of Home Town*	Dep Status I/D/F
1				6			
2				7			
3				8			
4				9			
5				10			

Notes:

Please complete and return to:

Richard P. Hawkins, CLU
 132 Main Street
 Hingham, MA 02043
rphawkins@verizon.net
 Fax: 775-307-9097
 Voice: 781-749-1079 or 508-564-4841
www.SuperEdNet.com